Applicati											pplication	on or Docket Number			
PATENT APPLICATION FEE DETERMINATION RECORD  Effective November 10, 1998  09/23(350)															
CLAIMS AS FILED - PART I (Column 2)									SMALL ENTITY TYPE			OR		R THAN ENTITY	
10000					NUMBER	EXTRA		RATE FEE		]	RATE	FEE			
BASIC FEE											380.00	OR		760.00	
TOTAL CLAIMS			37 minus 20=			• 17			X\$ 9=			OR	X\$18=	356.vo	
INDEPENDENT-CLAIMS				43 minus 3 = *					X39=		OR	X78=	384	•	
MULTIPLE DEPENDENT CLAIM PRESENT							·	+130			OR	+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	_		OR	TOTAL	++441-00	1066	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	ı.	ENTITY	OR	OTHER	THAN	,	
ENTA	A	REM.	AIMS AIMS TER DMENT		H N PRI	IGHEST LIMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total - "	· /	2.	Minus	••	37	- >		X\$ 9-		gr-assoni	OR	X\$18=		
ME	independent	·	2	Minus		3	-		X39=			ОЯ	X78≃		
	FIRST PRESE	NTATIO	N OF MI	ULTIPLE DE					+130=	-		OR	+260=	7.	
8/26/03								1	101			OR	YOTAL ADDIT, FEE	/-	
	B	(Colu	ımn 1)		(Co	olumn 2)	(Column 3)	•	VDDIT. FE	E L			ADDII. PEE		
AMENDMENT B		.CL. REM. AF	AIMS AINING TER IDMENT		PAI	IGHEST UMBER EVIOUSLY ND FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	y.
Ž	Total	. /	ע	Minus	•••	<u>37</u>			X\$ 9=			OR	X\$18=	/	
AME	Independent	•	2	Minus	***	3_	= /	Ī	X39=	1		OR	X78=	5	
	FIRST PRESE	NTATIO	N OF MI	JETIPLE DEI					+130-	1		OR	+260=		
	1				6	2.2	-4		TOT/			OR	TOTAL ADDIT, FEE		
		(Colu	mn 1)_		_(Cc	lumn 2)	-(Column 3)		<b></b>	~=				-	
AMENDMENT C	•	REM/	aims Aining Ter Oment		PRE	GHEST UMBER VIOUSLY VID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
₹	Total	. 1	7	Minus	ئ	37_			X\$ 9=			OR	X\$18=		
AME	Independent	•	رر	Minus		3	9	I	X39=	1		OR	X78=		
لــُــ	FIRST PRESE	OITATIC	IN OF MI	SLTIFLE DE	ENDE	NT CLAIM		Ì	+130=	Ť		OR	+260=		
	I the entry in colum I the "Highest Nut							L	TOTA			ا ع	TOTAL NDOIT, FEE		
***	if the "Highest Nur The "Highest Nurr	mber Pre	viously Pa	sid For IN TH	IS SPAC	CE is less tha	sn 3, enter "3."				ropriate box				
											•				ľ

## PATENT APPLICATION FEE DETERMINATION RECORD Effective

Application or Docket Number

09236 350

-		<del></del>			· · · · · · · · · · · · · · · · · · ·		972	<u> </u>	550		
_		CLAIMS A	S FILED - Column 1)		umn 2)	SMAL TYPE	L ENTITY	OR	OTHER	R THAN ENTITY	
F	OR	NUMB	ER FILED	NUMBER	EXTRA	RATE	FEE	7	RATE	FEE	
B/	ASIC FEE						355.00	OR		710.00	
TC	DTAL CLAIMS		minus	20= *		X\$ 9=		OR	X\$18=		
INC	DEPENDENT C	LAIMS .	minus	3 = *		X \$40	)	1	X \$80		
MULTIPLE DEPENDENT CLAIM PRESENT								OR			
* (f	the difference	e in column 1 is	less than ze	+\$135=	<b></b>	OR	+ \$270=				
		-		IATOT	· [	OR	TOTAL				
CLAIMS AS AMENDED - PART II 7-7-04  (Column 1) (Column 2) (Column 3)							OTHER THAT SMALL ENTITY OR SMALL ENTITY				
_		CLAIMS	### CP 6-02/6	HIGHEST	(Column o)			J			
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	. 12	Minus	-37	=	X\$ 9=		OR	X\$18=		
AME	Independent	· D	Minus	PENDENT CLAIM	=	X \$40=	=	OR	<b>X</b> \$80=		
	TINOTTRESC	Supl	OLTIPLE DEF	PENDENT CLAIM		+\$135=		OR	+ \$270=		
	1				- ,	TOTA ADDIT. FE		OR	TOTAL ADDIT, FEE	)	
	<u> </u>	(Column 1)		(Column 2)	(Column 3)	ADDIT. FE	· •	•	ADDII. I EE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N	Total	. 10	Minus	* 37	=	X\$ 9=		OR	X\$18=		
AME	Independent FIRST PRESE	* NTATION OF M	Minus	PENDENT CLAIM	=	<b>X</b> \$40=		OR	X\$80=		
			OCTIL CE DEI	ENDERT COM		+ \$135=		OR	<b>+</b> \$270=		
						TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
	<del>,</del>	(Column 1)		(Column 2)	(Column 3)			_			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ž	Total	*	Minus	**	<b>E</b> .	X\$ 9=		OR	X\$18=		
	Independent	t	Minus	***	=	X\$40=		OR	X <sub>\$80=</sub>	-	
_	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT CLAIM		- <del>φ40=</del>	<del> </del>	Un	- φω-		
• 1	( <b>the ent</b> ry <b>i</b> n coke	mn 1 is less than t	ie entry in orde	ma 2 write 40° in ee	kima s	. + \$135=		OR	<b>1</b> \$270=		
-	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										